PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

_	Under the Paper	work Re	duction Ac	1 of 1995	no pers	ous ate te	quired to respor	nd to a	collection of	information u	Onice; U.S inless it dis	. DEPARTMENT	OF COMMER(	
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unle  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875									Appli 70	Application or Docket Number 10/03/23				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								_	SMALL ENTITY			OTHER THAN SMALL ENTITY		
L	FOR NUMBER FILED NUMBER EXTRA							RATE	FEE		5.25			
(3	BASIC FEE (37 CFR 1.16(a))					1	10116		-	RATE	FEE			
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =					<del></del>	1	X \$ =	<u>\$</u>	OR		-  <u>\$</u>			
	DEPENDENT CL 7 CFR 1.16(b))		minus 3 = •		•				<del> </del>	→ OR	X \$=			
						11	× \$=	<del> </del>	→ OR	× \$=	-			
						] [	+ \$=		OR	+5=				
* If the difference in column 1 is less than zero, enter *0" in column 2.							TOTAL	L	OR	TOTAL				
CLAIMS AS AMENDED - PART II														
	11	(Column			mn 1) (Column 2)				SMALL	ENTITY	OR	OTHE	R THAN .ENTITY	
AMENDMENT A	3/7/05	+ REI	LAIMS MAINING FTER NDMENT		PRE'	GHEST JMBER VIOUSLY ID FOR	PRESENT		RATE	ADDI- TIONAL	7	RATE	ADDI- TIONAL	
	Total (37 CFR 1.16(c))	1	21	Minus		21	= /-		x ; 25 =	FEE	1	50	FEE	
	Independent (37 CFR 1.16(b))	1.	7_	Minus	1	2	-	1 h	x :/00 =		OR	x \$ 50 =	<del>- /-</del>	
A	FIRST PRESEN	OF MULTIPL	JULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						<u> </u>	OR	× \$200=	<del>-/</del>		
_	(37 CFR 1.10(a))						l L	+\$= TOTAL		OR	+\$ =			
								ADD'L FEE	<u> </u>	OR	ADD'L FEE			
	(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST							_		· · · · · · · · · · · · · · · · · · ·	_			
AMENDMENT B	! 	REM	AINING TER IDMENT		PREV	MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
8	Total (37 CFR 1.16(c))	Ŀ		Minus			=	Ι,	( \$ 25 =		OR	× \$ 50=	FEE	
W W	Independent (37 CFR 1.16(b))			Minus	***		=		: JUD =		OR	× 200 =		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							-s =		OR				
								-1	OTAL ADD'L FEE		•	+s_ =		
		. (Colu	mn 1)		(Cal	umn 2)	(Caluma D)	ſ	DOCTEE [	· · · · · · · · · · · · · · · · · · ·	OR	ADD'L FEE		
O.			AIMS			HEST	(Column 3)	_			1. 1	9		
_		AF	VINING TER DMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL	
5	Total (87 CFR 1.16(c))	•		Minus	••		=	×	: 25=		OR	× \$ 50 =	FEE	
AMENDMEN	Independent (37 CFR 1.16(b))			Minus	***		=	_	s/// =		OR	x : 200=		
ŧ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))											· ·		
TOTAL										OR E	+ \$ =			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.      If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".														
	II the Highest N	umber P	reviousiv P	aid For I	N THIS !	SPACE	lace than 2 anti-	+2#				•	j	
	The "Highest Nu	mber Pre	eviously Pa	aid For" (1	otal or Ir	rdepender	nt) is the highest	numi	har found in th		. h !!		l.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

SAA - 5 - 2

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL I	
TC	TAL CLAIMS		21 -					RATE	FEE		RATE	FEE
FOR S			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	21 min	us 20=	• į			X\$ 9=		OR	X\$18=	18
INDEPENDENT CLAIMS 2 minus 3 =						)	5	X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	758
U/26 /0 / (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		REMAINING PR			BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 21	Minus	** 2	1	= /		X\$ 9=		OR	X\$18=	
AME	Independent	· 2	Minus ***		3 =			X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=/	
										OR	TOTAL ADDIT. FEE	
L	3/29/04	29/04 (Column 1) (Column 2) (Column 3)										
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT/ EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	. 21	Minus	* 6	21	=		X\$ 9=		OR	X\$18=	
ME	Independent	. 2	Minus	*** _	3_	= /	1	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	/
	1							+140= TOTAL		OR	TOTAL	
į	8/4/04	(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		10	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 21	Minus	** 0	2/	= /		X\$ 9=		OR	X\$18=	
	Independent	* 2	Minus	PENDEN	<u> </u>	=/	-	X42=		OR	X84=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT SEE											TOTAL	
** If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, enter *20.*  ***If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter *3.*  The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1.												